



Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name: WO/12012NW2338/1

Work Order Type: Weatherization

Audit Name: 12012NW2338

CLIENT INFORMATION

Client Name:

Address:

Client ID: 12012NW2338

Alt. Client ID:

AGENCY INFORMATION

Agency: Northwest Tn. Economic Development Council

Agency Phone: (731) 364-3228

Address: 231 South Wilson St.

Fax: (731) 364-5029

Dresden, TN 38225-1312

Email Address:

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

Client Name:

Client ID: 12012NW2338

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Measures

Measure 1 Install New Screen and Frame Window Components

Inspected

#6

Comment

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Unspecified	Misc Material	Each	1					

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

Measure 2 Mastic All Duct Boots and Seal Ends

Components

Inspected

Comment

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Unspecified	Misc Material	Each	1					

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

Client Name:

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Measure 3 General Air Sealing**Components****Inspected****Comment** Foam Hole at Furnace where lines come through floor☐

Foam Kitchen and Bath Plumbing

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	General air sealing (setup cost)	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	Miscellaneous Supplies	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 4 Belly Fiberglass Loose****Components****Inspected****Comment** Under Belly Repair Approx. 100 sq.ft.
Approx. 1680 sq.ft. Of insulation☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fbergls,Blwn	Bag	28	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Floor Insulation - Fbergls,Blwn	Bag	28	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

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Measure 5 Evaporative Cooling**Components**

Inspected

Comment Have A/C serviced. Client says it leaks freon. Has to have it filled every year.
Can not afford it. Find leak and Fix

☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Cooling Equipment	Evaporative cooler	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Evaporative cooler	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: Sub Total:

Field Notes:

Measure 6 CO Monitor is Needed**Components**

Inspected

Comment☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	CO monitor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: Sub Total:

Field Notes:

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Measure 7 Fix Improper Venting (Clothes Dryer) **Components** **Inspected**
Comment ☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Equipment	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: **Sub Total:**

Field Notes:

Work Order Grand Total: **Grand Total:**

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